

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595220

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
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TOTAL IND.			2	8		
TOTAL DEP.		1	0	1		
TOTAL CLAIMS			2			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
S1						
S2						
S3						
S4						
S5						
S6						
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S8						
S9						
S0						
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G9						
G0						
J1						
J2						
J3						
J4						
J5						
J6						
J7						
J8						
J9						
J0						
S1						
S2						
S3						
S4						
S5						
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J8						
J9						
J0						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						